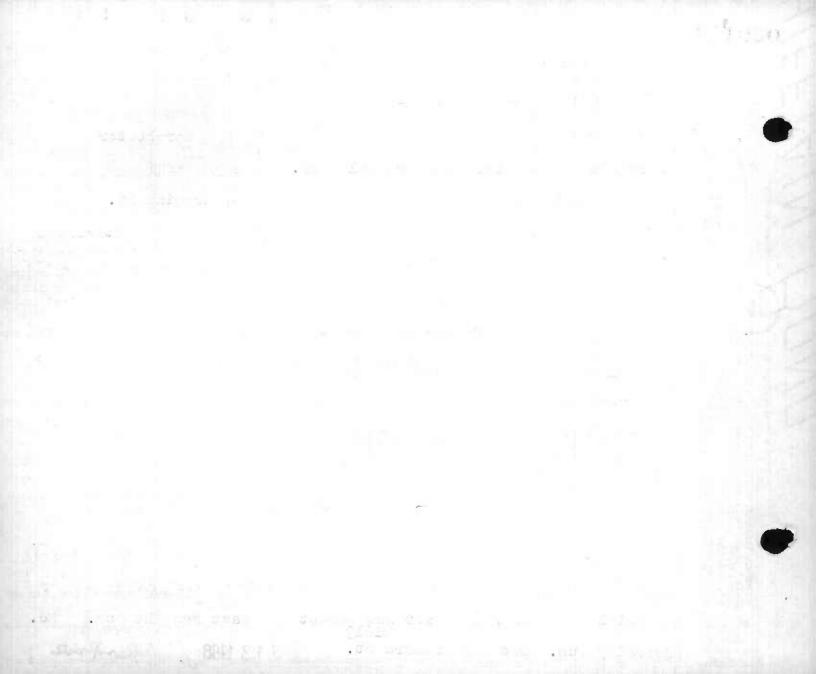


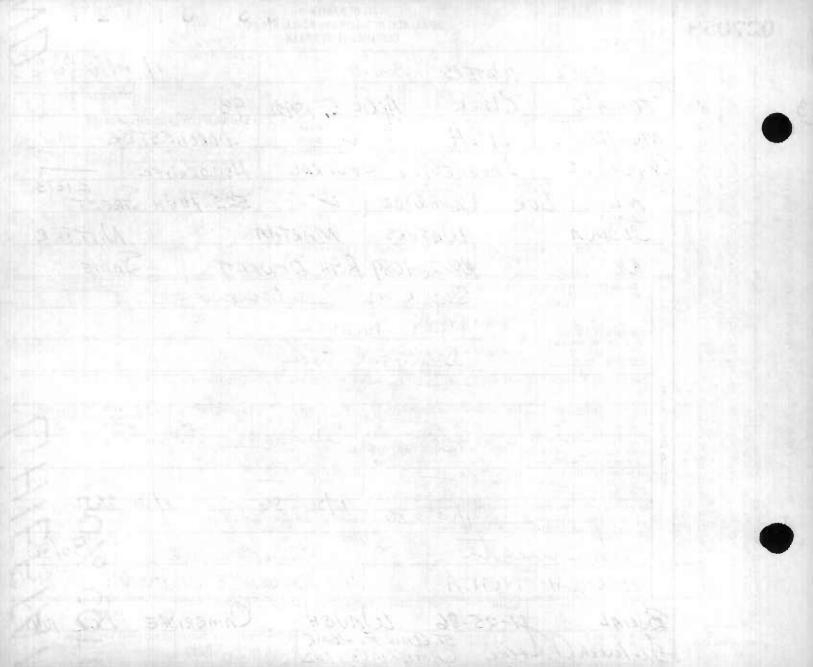
2000		EASED NAME	FIRST		MIDDLE			AST	20	REG. N		DAY YEAR	26 HOU
E SS III		: OK PKNYT)	LULA		M			ANKS	7	OF ESTI-		19	
	3. SEX	-	BLACK	5. DATE OF BIRT	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	() MONTHS	DER 1 YR. IF UNDER	MIN. PE	DATE RONOUNCED DEAD	MONTH	DAY YEAR -5 19 86	3 D
7	FO	RTHPLACE (STATE REIGN COUNTRY)		76. CITIZEN OF			8. MARRIE	D NEVER MARR	IED 🔲	BALTIMORE CITY Dorch	_		M
	IO CI	mbridge	DEATH	(IF NOT IN SUCH	FACILITY, GIVE S			Hosp.	FOR MO	LOCCUPATION (TY		126. KIND OF BU OR INDUSTR	ISINESS
	USU A 130. S	L RESIDENCE (IF)	1136 COUNT		13c, CITY	BEFORE ADMISSION OR TOWN	1	3d. INSIDE CITY LIMITS? YES NO 🗆		T ADDRESS Robbins	s St.	216.	13
ĺ	14. FA	THER'S NAME	With the	MIDDLE		LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
	160 34	PAUL AS DECEASED E	VED IN LLS ADA	B.		IAL SECURITY		HATTI	E	ADDRES		URROUG-H	
HOUSE AFTER WITH FOR		is, no, or unknown		VAR OR DATES)		-16-70		SHIRLEY	ICJES	RT 3		448 WALL	75
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	NOI	lying couse	FICANT CONDITIONS C	(c)	EPTIC		D13	EPSE OR CONDITION GIVEN IN PA	ART 1 (a).			YEAR	S
DIVISION OF VITAL RECOIDER. THIS CERTIFICATE SHOULD BE SATE, WRITING THE WIRD. "PENDING PROBLED AS A HE STATE DEPARTMENT OF HEALTH ND, 21201 PRIGHT DEURIAL CREATER ND, 21201 PRIGHT PRIGHT DEURIAL CREATER ND, 21201 PRIGHT PRIG	CATIC	190 DATE OF OF	PERATION	196 CON	DITION FOR	WHICH OPERA	ATION WA	S PERFORMED?				20 AUTOPSY?	_
	P.C.	ECONO.											NO L
	CAL CERTIFICATION	210 EXTERNAL (UNDERLYING CONTRIBUTING	OR	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HO	W INJURY OCCURRE	ED (ENTER NA	TURE OF INJURY IN ITEM 1	8 PART 1 OR PA	ART 2)	
1	MEDICAL CERTIFICA	UNDERLYING	OR CAUSE OF D	HOUR A	M. MONTH	19 (AT HOME,	21f. LOC			TURE OF INJURY IN ITEM 1.		art 2) Dunty	STATE
133		UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK	OR CAUSE OF DECURRED NOT WHILE CAT WORK	HOUR A	.M. MONTH .M. E OF INJURY ACTORY, FARM, E	(AT HOME, TC.)	21f. LOC	ATION REET Inspection Homicide TITLE (SPECIFY)	Undeter	CITY OR TOWN		pinion	STATE -86
13		UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 220. I certify t death resulted	OR CAUSE OF DECURRED NOT WHILE AT WORK hot I took charge from: Noture	PEATH PACE STREET, F.	.M. MONTH .M. E OF INJURY ACTORY, FARM, E escribed obo	(AT HOME, TC.)	Autops)	ATION REET Inspection Homicide TITLE (SPECIFY)	Undeter	Inquiry , c	ond in my or , DATE SIGNI	pinion ED	-86
13	WEDICAL	UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 27d. I certify t death resulted ACTUAL SIGNATURE	OR CAUSE OF DECURRED NOT WHILE IT WORK I took charge from: Noture	PEATH PACE STREET, F.	M. MONTH M. E OF INJURY ACTORY, FARM, E escribed obo Accident	(AT HOME, TC.)	Autopsycide , , , , , , , , , , , , , , , , , , ,	ATION REET Inspection Homicide TITLE (SPECIFY) D ADDRESS 400 A	Undeter	Inquiry , o mined monner AL EXAMINER STREET CATION ICTOWN	DATE SKONI	pinion ED	-86



020115	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL R CERTIFICATE OF DEATH	GIENE O	192	U
may be page 3 ter death		EASED NAME Edward		5. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH A	13-86	
Poge 4		Male RTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COUNTRY	7-12-10	75	YRS.	HOURS MIN.
deoth.		110	USA	WIDOWED DIVORCED	Dorcheste		MD.
by the filled with	Car	nbridge	Dorchester G		12a USUAL OCCUPATIO LIVPE OF WORK FOR MOST OF Superviso:	working life) 12b. KIND NDUSTRY Nanu	facturing
AND 212	1	MD Doro	nother institution give residence before the control of the contro	tt YES 1 NO [Elliott I	sland Rd.	/21823
ompletely on 2 s		THER'S NAME FIRST Edward	Bauer Bauer	Is. MOTHER'S MAIDEN N FIRST Annie	WIDDLE	(UNKN	ÖWN)
be executor on ond control or one ond control or		VAS DECEASED EVER IN U.S. AR res no or unknown) (1F yes, giv NO	C On D	5-3008 Virginia	Bauer, Ell	iott, MD	21823
NG PHYSICIAN: The low requires that the death certificate be executed within 24 had often the certificate be executed within 24 had often the certificate be executed within 24 had often this certificate. The burnel-transit permit. Then plece the certificate has been signed by the attention physician ond completely filled in as the burnel-transit permit. Then plece the new certificate is and 2 should be the and Mental Hygiene prior to buriot. The proof of the mental common or the many of the certificate	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)		Rail DISEASE OR COND		l a
VITAL RECO	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	280 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SION OF VITAL PHYSICIAN: The ending physician this certificate he be burd-fromit p ad Mental Hygier d or hem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	
OIVISION Offer this as the but the order or the day the order or the day the order or orked or order or or order or	MED	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E. FARM, ETC. 1	CITY OR TOW	n COUNTY	STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or . TO FUNERAL DIRECTOR: Att should be detoched for use a with the State Dept. of Health IMPORTANT: If hem 21 is mon	220	sow the deceosed alive on above, (1) (we) (did) (did no 22b. SIGNATURE	OR PRINT) R M M A M	DEGREE AUD ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI	e and hour and from the	that (1) (we) lost e couses stated E SIGNED
BP	Í	Burial	1-16-86 E	ast NewMarketCe	CITY OR TOWN	larket.Dor	state cch . MD
DHMH - 16 50M 4/82 (VRA 15, 4)	Z4 FL	elter Funeral	Home, East	New MarketMD	ATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA	TURE

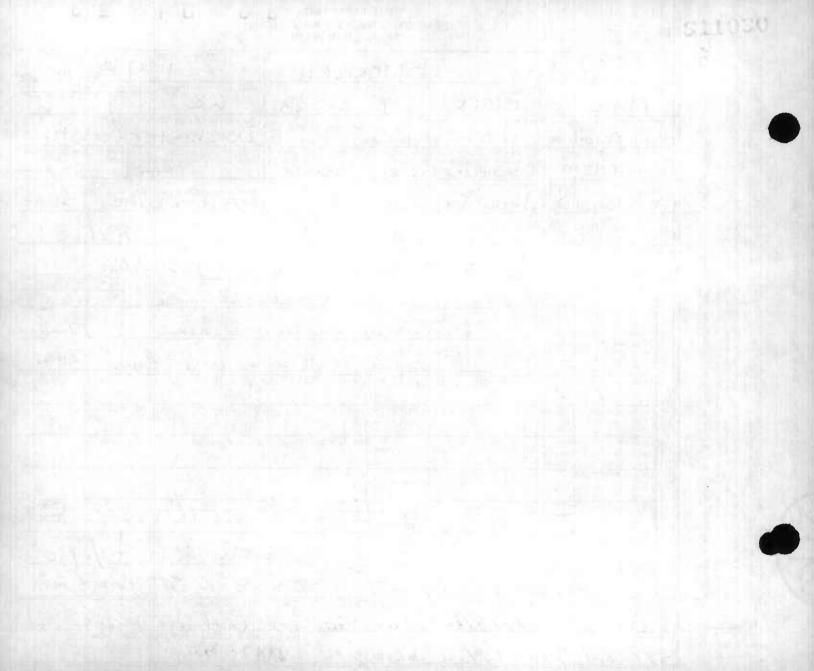
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027058	1.	FOR STATE RESISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	9 2 1
4 may be un. page 3 after death		CEASED NAME FRST OR PRINTS MABLE A.F.	WATERS X	Bennett S. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDA	1/20/86 4PM
re death. Page to hyperal direct with 72 hours	7e. Bi	RTHPLACE (STATE OR FORFIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OR C	STER MD.
YLAND 21201	130. 3	AL RESIDENCE (# NURSING HOTE OR OTH STATE 13b. COUNTY WID ATHER'S NAME	OPCHESTE INSTITUTION, GIVE RESIDENCE BEFORE PROCESSES AMBRUS AMBRUS	L GENERAL ADMISSIONI	HOUSEWII 130 STREET ADDRESS 523 FH 61	5 3 1613 4 STREET
ALTIMORE, MAR te be executed icion and control ess. Page (1 pt). Ithe medical		VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECU	RS MARTHI RITY NO. 17. INFORMANT 1089 RUTH BEN	ADDRESS	NUTTER SAME
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed interpreted by the ottending physician and cambiners. The loss the buriol-tronsit permit. Then please remove carbon papers. Page (1 Hard 2 as the buriol-tronsit permit. Then please remove carbon papers. Page (1 Hard 2 as the buriol tronsit permit. Then please remove carbon papers. Page (1 Hard 2 as the buriol tronsit permit to buriol, cremotion, or removal.	Z	18. CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE	NCE OF I Sende	MINAL DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 110
ON OF VITAL RECOR	CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED Y YEAR 19	200 AUTOPSY? 20 IN YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT	IB. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO I
R ATTEND hospital a RECTOR: A sed for use opt of Heal	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE 2 22e.1 certify that (1) (this haspital) sow the deceased alive an above, (1)/4/4/4 (did) (did not) vi 22b. SIGNATURE	1/20 19	1 12 19 80	city OR TOWN	COUNTY STATE 19 8 that (I) (we) last and hour and from the causes stated
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detach with the State De IMPORTANT. If It is the Company of the Company	230. §	228. PHYSICIAN'S NAME (TYPE OR PR VINODIRAL SURIAL, CREMATION, REMOVAL	MEHTA	Inn. ADDDECC	MEDICAL STAFF DIRECTOR D PHYSICIAN PARTY OCATION	
BP DHMH - 16 50M 4/82 (VRA 15, 4)	5	JACAL JACAL JACAL JACAL NAME NA	25-86 STADOLLA	WAUGH	TE REC'D. BY REGISTRAR 256. N 2 3 1986	REGISTRAR'S SIGNATURE

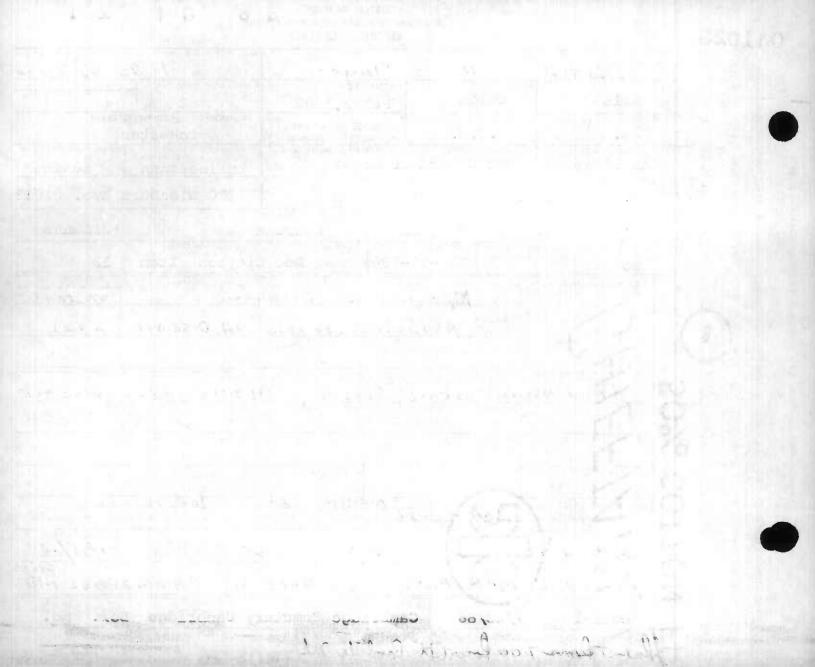


041057	1.	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE REG. N	1 9	2 2	
. m.e	I. DE	CEASED NAME	FIRST		MIDDLE TO TO TO		ist		MONTH DAY	YEAR	2b. HOUR
nay be page 3	1	414	Antho		Jerome		rtolini	1-23-86			12:30an
tor, to	3. SE	male		4. RACE Whit	te	S. DATE C	n 20,1888	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
nerol direc	7a. Bi	RTHPLACE (STATE O	OR FOREIGN		WHAT COUNTR	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	neste:		MD
on softer d	≥ 10 C	TY OR TOWN OF D Cambridg		11. NAME OF I	HOSPITAL, NUR CHEACILITY, GIVE STR Chester	SING HOME C	rother institution ral Hosp.	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST COAL MI	ION OF WORKING LIFE) ner	126. KIND OF INDUSTRY	F BUSINESS OR
RYLAND 212 within 24 hour		AL RESIDENCE (IF NO STATE Md. THER'S NAME FIRST	Do	or.	Cambri	.dge	13d. INSIDE CITY LIMITS? YES NO 1		St.	216:	
		Giacamo		Be	ertolir	i	Marguer	ite	7	Jentus	relli
TIMORE, MA		VAS DECEASED EVI VES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? VE WAR OR DATES! VW 1	166. SOCIAL SE	CURITY NO0-332	17. INFORMANT 3 Gloria B	. Wright		em 13	
es that the death certificated by the other than the please remove into the unial, cremation transfer.	4	PART 2. OTHER SI	IMMEDIA' ny, which mmediate ting the se last.	DUE TO, O (b) DUE TO, O (c)	RAS A CONSEC RAS A CONSEC PULLIM	DUENCE OF /2	leart Paileur		DITION GIVEN		MATE INVERVAL
ITAL RECORDS, The low requir sicion. The has been sig mai permit. Then mai permit. Then shows ago, injuny	CERTIFICATION	19a. DATE OF OPER	ATION 88	196. COND.	ITION FOR WHI	CH OPERATION	WAS PERFORMED. OF DECEL 21c. HOW INJURY OCCUR!	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING	GS USED
DIVISION OF VITAL RIDING PHYSICIAN: The k or attending physician. After this certificate has e as the burial-transit per olth and Mental Hygiene marked or them 18 shows.	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCL	CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH	DAY YEAR 19	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDI spital or CTOR: A Ifor use		22a.1 certify that (sow the dece abave, (1) (we	1) this haspi	tal) attended th	e deceased from	84 , an	d that in (my) (our) opinion				how (we) lost
PITAL by th ERAL e deto Stote	4	226. SIGNATURE	ifule	tell	leur) ;	ATTENDING PHYSICIAN E	MEDICAL STAI	FF CIAN []	22c. DATE S	
HOS pined FUN Muld the		Michael		Alder	U		302 00/11	ius rue	Hus loc	k Mo	21643
BP	23a. 8	URIAL, CREMATION SPECIFO Durial	, REMOVAL	23b. DATE 1/25/			METERY OR CREMATORY Ster Mem.Pa	23d LOCATION CITY OF TOWN TK Cambri	dae i	ounty Oor.	STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	NERAL DIRECTOR		L HOME		RIDGE	25a DAT	REC'D. BY REGISTRAR		R'S SIGNATU	JRE

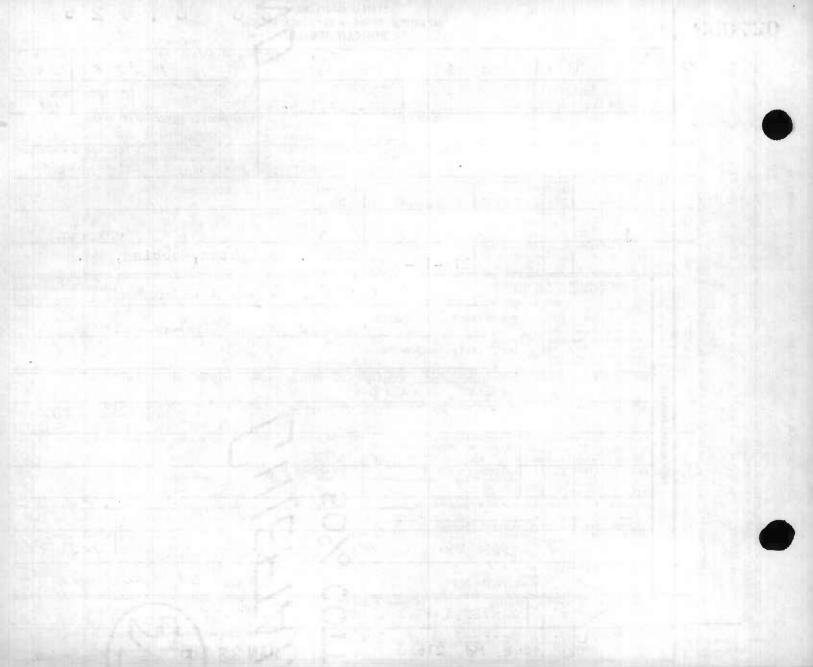
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rector, urs offe	1	male		whi		Fe		903 YEAR			MONTHS RS.		HOURS MIN.
nerol di naya ho	76. BI	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	A.	MARRI WIDOW	ED NEVER	MARRIED		RECITY <u>OR</u> COU Dorches		ATH	MD.
by the fulled with	5	TY OR TOWN OF DEAT		188 X	Cambi	URSING HOME	ouse	NOITUTITE	(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN	NG LIFE) IND	DUSTRY	afood
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ed within	14. FA	John	Mo	rgan	clay	ton		S MAIDEN NA/		WIDDLE		Simm	ns
oe execut		VAS DECEASED EVER II VES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO07-990	9 Emma	a Lee	Clayto	ADDRESS On Ite	m # :	13	
physicia popen		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly ane cause pe D BY: E CAUSE (a)		b), and (c)	AL	EMB	BLUS		-		TAN T
that the death ce		Canditions, if any, gave rise to imm cause (a), stating underlying cause	ediate the	(b)_	AB	SEQUENCE OF	SCLE	POTIC	11.	DISER	. Z.	5 y ,	RS
he low requires on. hos been signed t permit. Then pli nene prior to burn des ony injury, o	CERTIFICATION	PART 2. OTHER SIGN PAR 1-190 DATE OF OPERATION	LINS	LV10	DISER	0	EVEPL	F		EIME PSY? 20b. IF		DIS EFINDING	
SKIAN: T ng physici certificate viral-trans cental Hyg hem 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA) P	.M. MONTI	H DAY YEAR			ED (ENTERNA	TURE OF INJURY IN ITEM	18 PART I OR	PART 2)	
offendi offendi ter this s the bu ond M	MED	21d. INJURY OCCURRI	LE 🗍		OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATI	ION I		CITY OR TOWN	co	YTAU	STATE
ATTENDIN ospital or ECTOR: Af d for use of for use m 21 is mo	1	22a. I certify that (I) (saw the decease abave, (I) (we) (di	d alive an.	10.	N 1) (aur) apinian c	, ta death accurred	」ないと) d an the date and	haur and fi	ram the co	
ITAL OK by the ho by the ho troched troched troched troched		00 V-0.	n.h	range	m	n		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN]	L DATE S	186
O HOSPII roined by O FLNE Rodd be		ALFRE'S	. 10		RYAI		610	RACE	57,	CAMI	321	064	21613 MD
BP	236	SURIAL, CREMATION, R SPECIFY) burial	REMOVAL	23b. DATE 1/28/	186	23t NAME OF Cambr	cemetery or	CREMATORY Cemete	23d LOCA	nbridge	Do:	r.	Md. STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR	ms-	700 8	ocust	Cam	lulge,			EGISTRAR 25b. REG	GISTRAR'S		



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028137	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÈNE 0 1 9	2 /
0.63101		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	20.11001
oy be oge 3 death	(TYPE	ORPRINT) HAROLD	EDMONDS	FEE	1 1	86 345 AM
ė u.	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 2.THRS
ector.		Male	White	MONTH DAY YEAR OT	78 YRS.	
Podir Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de ort		naryland	United States	WIDOWED DIVORCED	DORCHESTER	MD.
of the fulled with	C	TY OR TOWN OF DEATH	DORCHESTER G	ENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE POULTY farme	126. KIND OF BUSINESS OR INDUSTRY
BALTIMOKE, MARTLAND 2 120 be executed within 24 hours can ond completely filled in by the Poge Tond 2 should be fill the medical exchange more filled.			ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13. CITY OR TOV HESTER CAMBRID		13e STREET ADDRESS / ZIP CODE Pig Neck Rd.	21613
The state of the s	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
MA be de		Thomas H	erbert Fe	e Joseph	ine	Pouder
modife	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 706-12		R. Fee Cambride	
B control			nly one couse per loe for (o), (b), or ED BY: TE CAUSE (o)	catory Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		MMEDIA	DUE TO, OR AS A CONSEQU		Market Market Comment	11 11
		Conditions, if ony, which	(16) Multiple	/ /.		Months
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DASC	ENCE OF Chronic ronal	failure wring trac	
RDS, 20	NO	E. C 1	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN; The low requires that the other this certificate has been signed by the as the buriol-transit permit. Then please in the and Memial Hygiene prior to buriol, created or them 18 shows any injury, or other orked or them 18 shows ony injury, or other	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
VITA hysicide ficote monsit		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI I OR PART ?)
SICIA Recentification of the second of the s	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
PHY this the bund w	MEDICAL	21d. IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After of the sort		AI WORK	A	Nav 14 of	10 Manhary H.	81.
OR TO OR THEO			nitol) attended the deceased from,	F7 - 19 -	death occurred on the date and hour	and from the couses stated
RECT RECT PPI of ppi of		obove (1) we (did) (did no	ot) view We body ofter death	DEGREE		22c. DAJE SIGNED
the Land		5 Male	10.	AD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/1/86
TO HOSPITAL TO FUNERAL I should be deto with the State I		270. PHYSICIAN'S NAME CLASE	MacLaughlin	220 ADDRESS	St. Cambridge	rd 2K17
Shoot of the shoot	73a I	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		SPECIFY Ourial		PRINTRY CHURCHY	CHURCH CREE	EK DOR. STATEMD.
	-	UNERAL DIRECTOR		\$	BY BY RAR 256 REGITE	
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Leonard J. Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE

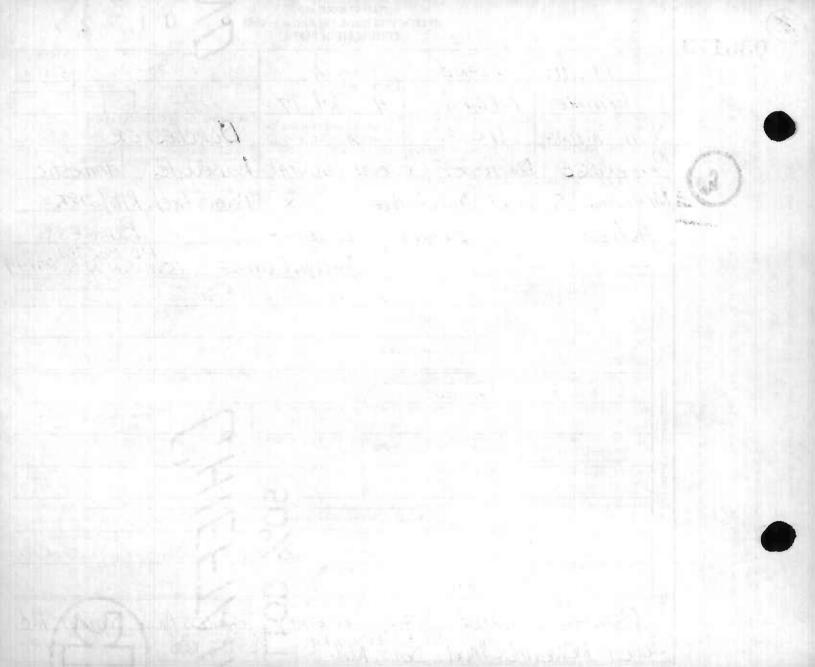
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DHMH - 16 50M 4/82

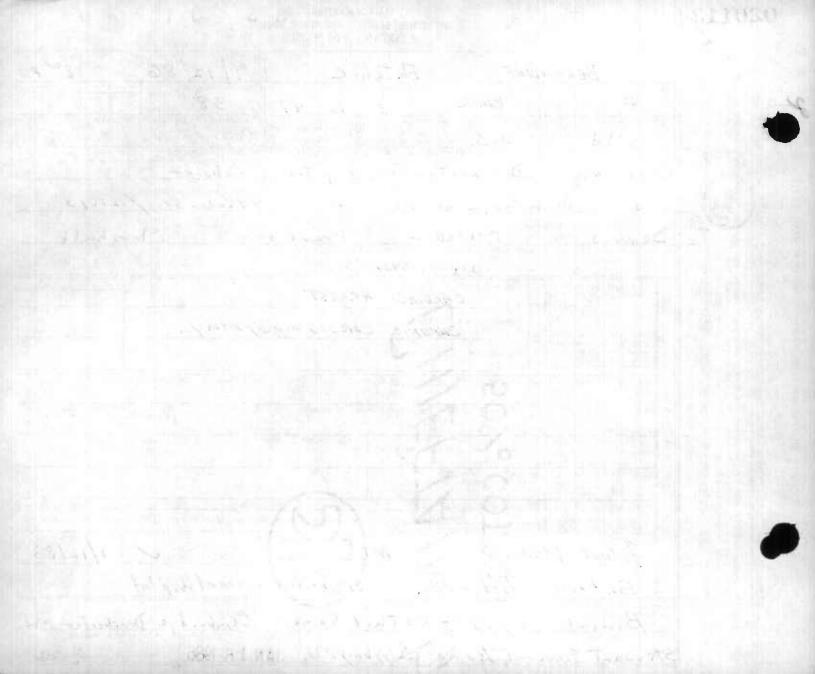
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1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGHENE O CERTIFICATE OF DEATH REG. NO.	1929
REG. NO. 1. DECEASED NAME FRST BRAND FLORING 1-30. DATE OF DEATH MONTH 1. DECEASED NAME FRST BRAND FLORING 1-30. 3. SEX 14. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	
FEMALE NEGRO 4 24 17 68	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED STATE OF BALTIMORE CITY OR CO WIDOWED DIVORCED DORCHES	ITER MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120, USUAL OCCUPATION (IF NOT BY SUCH FAGILITY, GIVE STREET ADDRESS) 12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF OF WORK FOR MOST OF YORI) 12. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS, PROCESS AND YES NO REYELT'S NOCK	K-RFD/21853
MODIE BRAND LIVENIA MIDDLE BRAND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	BURGESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	VISTON N.C. 27849 BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
Vernice, James A Premice 190. Date of operation 190. Condition for which operation was performed 200 autopsy? 200. IN Condition for which operation was performed 200 autopsy? 200. IN Condition for which operation was performed 200 autopsy?	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
A THE TOTAL OF THE PRINCE OF T	IEM 18 PART 1 OR PART 2) COUNTY STATE
27a. certify that (1) (this haspital) attended the deceased from 19 , 10	, 19, that (I) (we) lost
obove, (1) (we) (did) (did not) view the body ofter deoth. 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d ADDRESS	COUNTY
BP BURIAL 2/2/86 UNES EMETERY PRINCESS AND 125 DATE RECID BY PEGISTRARI2S R	INE SOMERSET Md. REGISTRAR'S SIGNATURE THAT THE THAT THE PROPERTY OF THE PROPE



020113	Ĺ	FOR STATE REGISTRAR	necessia.	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO)
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ge 4 moy	3. SE	F	BIACK	5. DATE OF BIRTH MONTH DAY YEAR 8 16 47	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MI
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	DORCHE!	COUNTY OF DEATH	onti.
s ofter d	10 C	amba! dee	11. NAME OF HOSPITAL, NURSING HOST IN SUCH FACILITY, GIVE STREET	ADDRESS) Gen Hose: Tal	12a USUAL OCCUPATION	WORKING LIFE) INDUSTRY	OF BUSINESS C
24 hour	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OF STATE 126 COUN	+ 10 1	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	ZIP CODE	13
d within	14 F.	ATHER'S NAME	AIDDLE FLATCHO-	15. MOTHER'S MAIDEN N.	AME	Marsha	ST
ond and medical		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)		ADDRE		
ficote bo obysicior papers. novol. ent, the		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an	d (c))		APPROX	MATE INTERVAL ONSET AND DEAT
es that the deoth cred by the attendir please remove carl uriol, cremation, or or other troumatif.		Conditions, if any, which gave rise to immediate couse (al., stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	IC CARDIO MY		DITION GIVEN IN PART 1	
no. has been sign permit. Then sine prior to b	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED
SiCIAN: The ng physicial certificate hural-tronsit I tental Hygier I show I sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	RRED (ENTER NATURE OF INJUR		
G PHYSi attending ter this ce s the burn ond Mer	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OR FO	wn COUNTY	STATE
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BP		Burial, CREMATION, REMOVAL	23b. DATE 23c 1 / 18/86 B	NAME OF CEMETERY OR CREMATORY eThe (Ceme,	23d. LOCATION Cambaid	ge Donchest	STATE M
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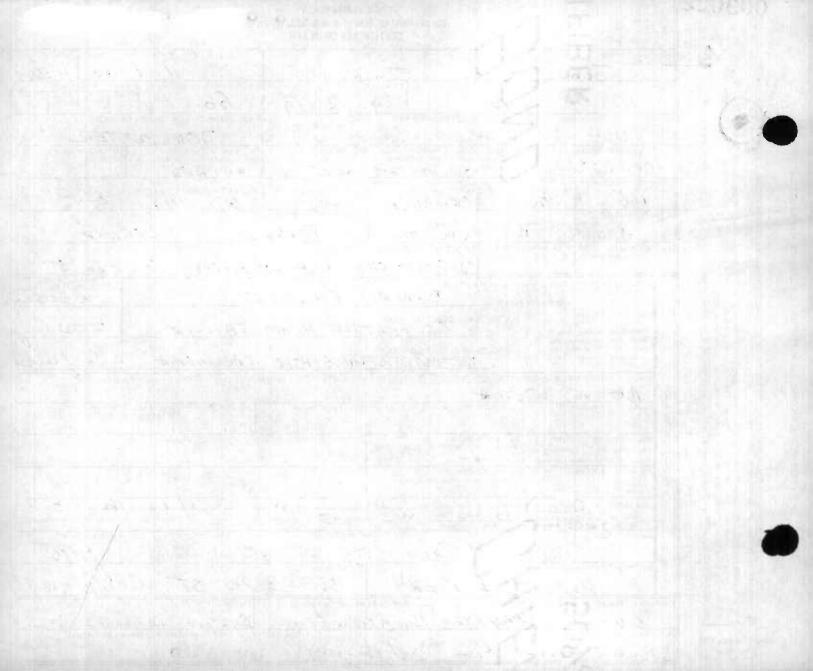
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	79_B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU		RALTIMORE CITY OR COUNTY OF	DEATH
		Maryland ITY OR FOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION		ME 26. KIND OF BUSINESS OR NOUSTRY
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AND 2	M		chesterCamb	ridge YES NO [806 High St Car	21613 mb. Md.
GOOD S	/ 14. F.	ATHER'S NAME FIRST Jeremiah	McCr	eady Florence	WIDDLE	Ennals
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oth cert ending t corbon n, or rer matic ev			DUE TO, OR AS A CON			rum
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L RECON The law re Dan. The permit. The permit. The permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
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NG PHYSK T otherding where this can on the buried th ond Ment	MEDICAL	21d. IN JURY OCCURRED while NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 218. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DINDING of or o of o of		22a.1 certify that (1) (this has	spital) attended the deceased		10 1/3/86 19	, that (I) (we) last
OR ATTI OR ATTI E hospin DIRECTO sched for Dept. of f Nem 21		above, (1) (we) (did) (did) 22b. SIGNATURE	an 1 5 / (1) nat /view the body after death	DEGREE	on death accurred on the date and have and	22c. DATE SIGNED
by the by the BRAL se detection in It.		22d. PHYSICIAN'S NAME (TYPI	ecorprist)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	13/86
TO HOSPITAL TO FUNERAL TO FUNERAL should be dele with the State MAPORTANT:	-	LAWRENC	F MARYA		RIDGE, MI 2	1613
	230.	BURIAL, CREMATION, REMOVA	1/8/86	23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	UNTY STATE
BP	24 F	Burial UNERAL DIRECTOR		Waugh U.M. Cem.	DATE REC'D. BY REGISTRAR 256 REGISTRAR	S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	B	oardley Fine				idson- Panda

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nerol dir in 72 hou	Ba	OFF MORE MO	76. CITIZEN OF WHAT COI	MARRIED WIDOWE	D NEVER MAR	RRIED . 9. B	DOT CH		OF DEATH	MD.
by the fu	Ca	mbridge	11. NAME OF HOSPITAL,	NURSING HOME O	ROTHER INSTITU		USUAL OCCUPATION OF CLEAN	N WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
AND 212	130.5 M	AL RESIDENCE O NURSING HOME TATE 136 COI	UNTY 13c. CITY (OR TOWN	13d. INSIDE CITY I	LIMITS? 13e	STREET ADDRESS		2:	1677
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AL RECORD The low requirements of the property	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		1	00 AUTOPSY?	IN CERTIFY I YES		
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DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR HOMAS FUNER	AL HOME C	DORESS AMBRIDGE	E MD.	JAN	2.2 registrar 2	Sh REGISTRA	R'S SIGNATU	andella

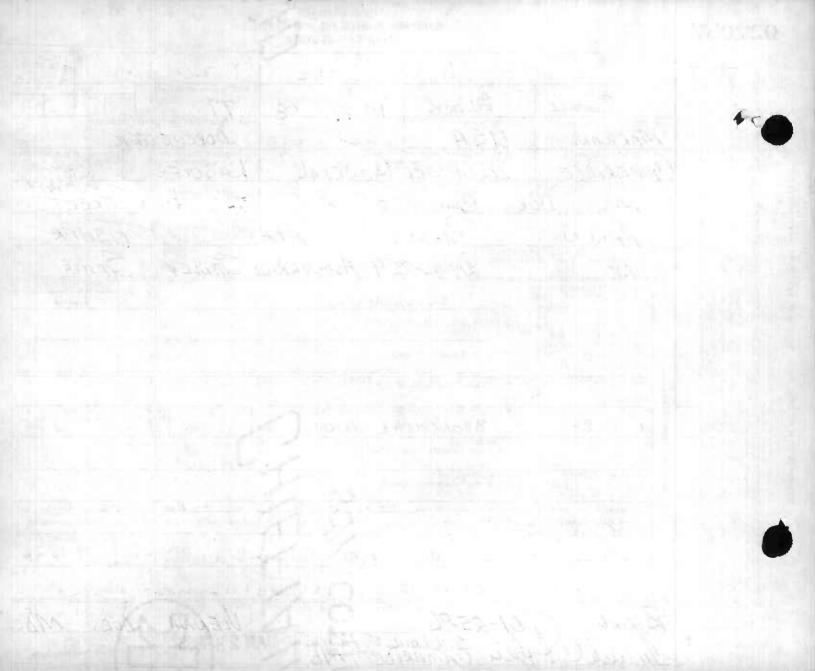
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12		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
ded be	1116	James	E.	Jackson	11	86 4:55AM
тош.	3. SE	m	A RACE NI Z	S DATE OF BIRTH MONTH DAY YEAR 9 6 19	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) YRS	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
0 3 79		RTHPLACE ISTATE OR FOREIGN COUNTRY) USA	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH 3 72 MD.
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AND 212	130.	AL RESIDENCE IN NURSING HOMEOR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	321613
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BALTIMORE, MARYLAND 212 cate be executed within 24 systeon and camplerely filles in apers. Pages 1 and 2 shauld be avai.		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 218-1	- 1- 1	ADDRESS OUGLFORD 61:	2 HIGH ST
ST., BAL entificate an paysici en avai.		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o D BY: E CAUSE (a)	IN AZ FALLUR	LE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certifications the this certificate has been signed by the attending phase the burial-transit permit. Then please remove carbanp th and Mental Hygiene prior to burial, cremotion, or removed at them 18 shows any injury, or ather traumatic every orded or them 18 shows any injury, or ather traumatic every		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) METRS	VEESTIVE HEAD	CARCINOMA	~ 20day
PRDS, 201 requires the signed if	NOI	AAAA		DEATH BUT NOT RELATED TO THE TER		EN IN PART 110
TAL RECC	CERTIFICATION	190 DATE OF OPERATION	Dark Care of	H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
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NG PHY offer this as the but th and M arked ar	MED	21d INJURY OCCURRED WHILE ON THE OF T	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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by the ho ERAL DIRE se detached State Dept		22h SIGNATURE	but I De		MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OF	out L. ME	77e ADDRESS 503 /3	BYPN ST. C	EAMB. md
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DHMH - 16 50M 4/83 (VRA 15, 4)	5 FL	MERAL DIRECTOR TEWANT FUNE	-al Home ADDRESS	Salisha-xell 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

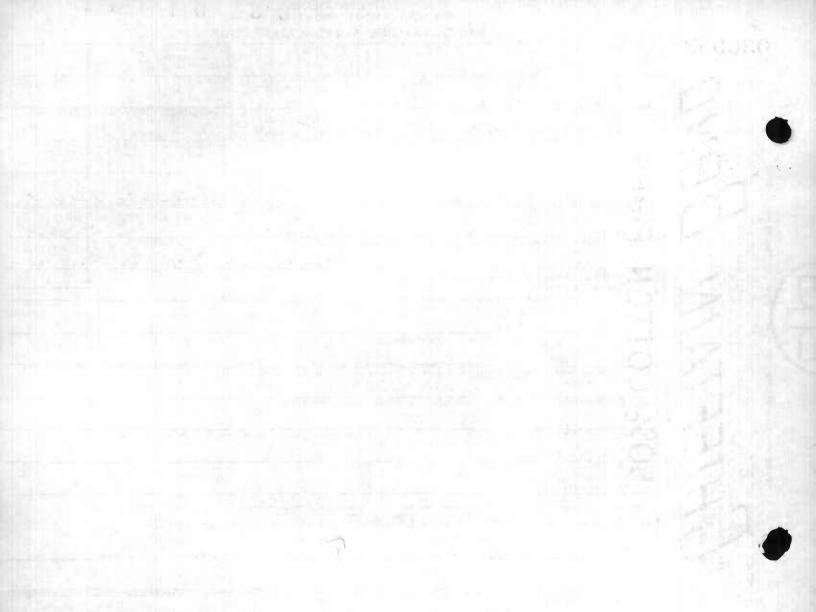


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027057 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH PECEASED NAME MONTH 2b. HOUR THPE OF PRINTS G- 20 4. RACE 5. DATE OF BIRTH 1. SEX A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 76. CITIZEN OF WHAT COUNTRY 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 1 DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY OT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! 136. COUNTY NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: NEUMONIT 10D IMMEDIATE CAUSE (o DUFTO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATI 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? - 8 - 86 YES 🗆 NOR YES [NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram 1 - > - 15 1-26-06 sow the deceased alive on_ , and that in (my) (our) opinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF -10-56 PHYSICIAN DIRECTOR PHYSICIAN should be det with the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a. ADDRESS IMPORT, T C ALLABALIDES 1117 21615 230 BURIAL CREMATION, REMOVAL 1216 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82

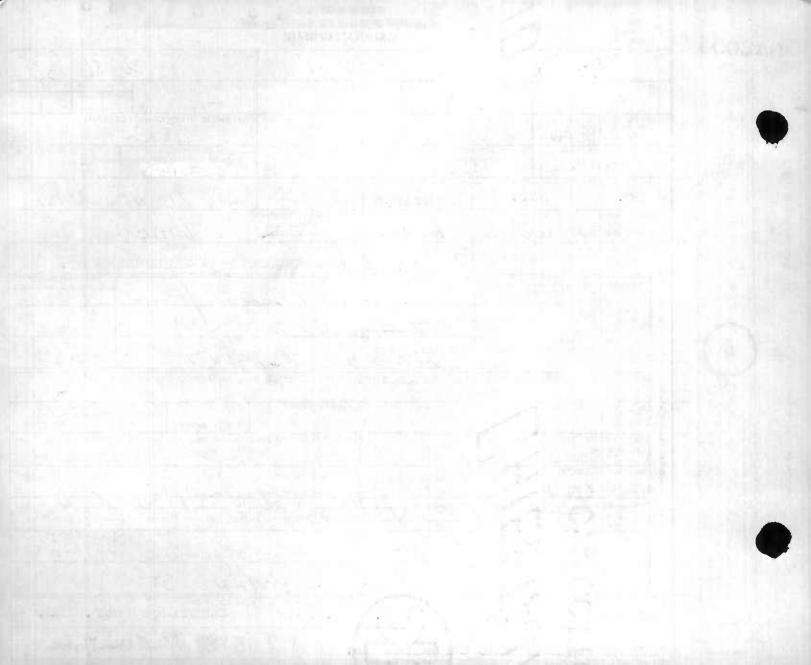
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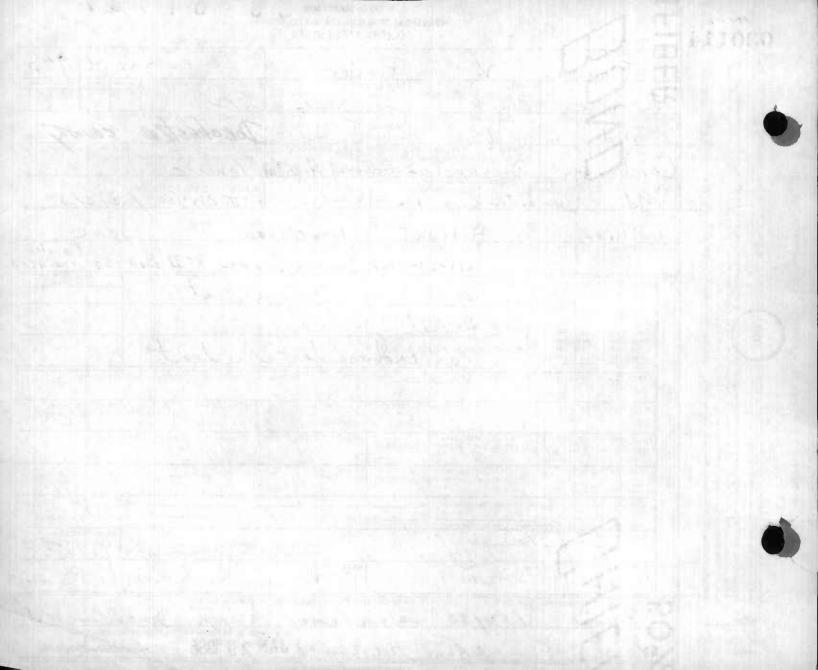
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		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	nly one couse per line for (a), (b), as	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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ON OF V THE WO OULD BE OULD BE RIMENT	1 2	UNDERLYING OR CONTRIBUTING CAUSE OF I		AY YEAR 216. HOW INJURY OCCURRED) LENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
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DIVISIO S CERTIF RITING RETING SE 3 SHC TE DEPAI	MEC	WHILE NOT WHILE	STREET FACTORY FARM FTC)	STREET	CITY OR TOWN	COUNTY STATE	
13AAAE		AT WORK AT WORK					
NO STEE		22a. I certify that I took charg	ge of the remains described above,	held an Autopsy X, Inspection	, Inquiry . ond in	my opinion	
BE THI	138	death resulted fram: Notur	ral causes Accident	, Suicide , Homicide ,	Undetermined manner .		
WAR WAR		ACTUAL	UA	TITLE (SPECIFY)		D 475	
SESTE S		SIGNATURE		M.D. Assistant	L MEDICAL EXAMINER	DATE SIGNED 1/31/86	
WOR OF THE		EXAMINER'S NAME	D 66	14 75			
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BARTUMORE, MARYLAND, 2	22.0		egory R. Kauffma		11 Penn St.		
	ZJ0.B	URIAL, CREMATION, REMOVAL 2	= 1-10, D	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
07/84 BP	24 F	UNERAL DIRECTOR	2/3/86 Be	The/ Cene, 250. DATE BL	ECD. BY REGISTRAR 125 REGISTR	APIS SIGNATION	
DHMH - 17	5	NAME 4	ADDRESS SIA	1 201		Dandson-Randelle	
(VR A15 ME (5))	1	18 Wan Yune-	erllyime Jali	JP4-4/1 N.	7 7 70 700 7		



-004	1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE	REG. NO.	3 4	
4 2094	1. DEC	EASED NAME FIRST ERNES		MODIE	MERRI		20. DATE OF D		00	3 P
ge 4 may ector, par irs ofter d	3. SE)	F	4 RACE	wc.	5. DATE OF	BIRTH DAY YEAR		RS LAST BIRTHDAY) YRS.	IF UNDER I YEAR	HOURS A
# 22 # 4		RTHPLACE (STATE OR FOREIGN OUNTRY) MAYLAND		SA	WIDOWEL			DOR COUNTY		
by the		CAMB.	(IF NOT INSUE)	FACILITY, GIVE STREE	T ADDRESS)	OTHER INSTITUTION	12a. USUAL O (TYPE OF MORK)	or most of working LII	126. KIND OI INDUSTRY	BUSINESS
in 24 hou ly filled in should be	₹3a. S	TATE 13b CO	OR OTHER INSTITUTION,	13t. CITY OR TOY	WN	13d. INSIDE CITY LIMITS? YES NO	418		BURN	INE
completely of ond 2 sh	7	THER'S NAME VERNANDO	MIDDLE		SICK	ALABEL		EATO,	U LAST	
ificate be execut physician and co spapers. Pages I mayol.		VAS DECEASED EVER IN U.S., (IF YES, (1) OF UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	214-07	-828G	AAN MORE	LAND	GREENSI		MATE INTERVA
egnes the control ding in places tended to be to but certain or or to inwy, at other traumatic e	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(b)		UENCE OF	AUZZO NOT RELATED TO THE TE	ASCU RMINAL DISEASE	OR CONDITION GIV	Y VEN IN PART 110	<u>15</u>
The low is the low in	CERTIFICATION	196 DATE OF OPERATION		112	H OPERATION	WAS PERFORMED	The second second	NO NO YE	S, WERE FINDING FYING CAUSES	
PHYSKIAN: ending physic this certificat is bysiol-train at Memal Hyy dat frem 18 s	MEDICAL CE	SIR INSURAL OCCURRED THE INSURAL OCCURRED	HOUR A.F	M. MONTH	DAY YEAR 19	THE LOCATION STREET	OKKED (ENTER HAT)	City de town	COUNTY	EIA
ox. ATTENDING in Registral or out DIRECTOR. After sched for use as it Dept of Health as		278.1 certify that III this has saw that decreased alive above, II i jose filled ided 278. SIGNATURE		deceased from	84 on	d that in Gy over opinion	MEDICAL	STAFF	A CONTRACTOR OF THE PARTY OF TH	
TO HOSPITAL settlemed by the TO FUNERAL should be deta with the Sopte IMPORTANT:	73a.	THE PHYSICIAN'S NAME (THE	H. L.			PHYSICIAN 114 ADDRESS 50 3 METERY OF CREMATOR Mem. Park	34 PAU	ST NON MBridge	por.	Mdu Mdu
DHMH - 16 50M 4/82 (VRA 15, 4)		STATE UNERAL DIRECTOR HOMAS FUNER.	2/2/8		200001	Tise!		GISTRAP 25b. REGIS		URE



(VRA 15, 4)



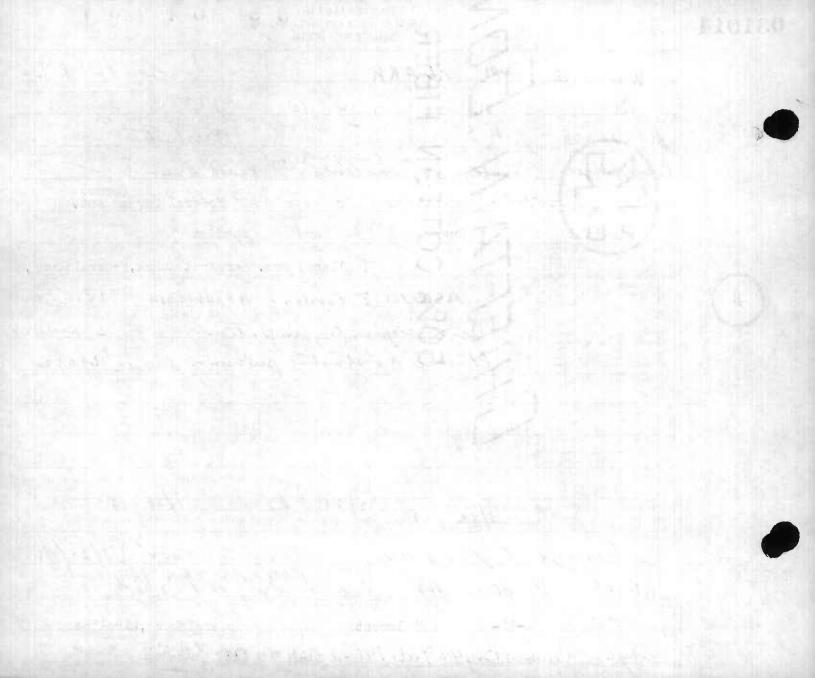
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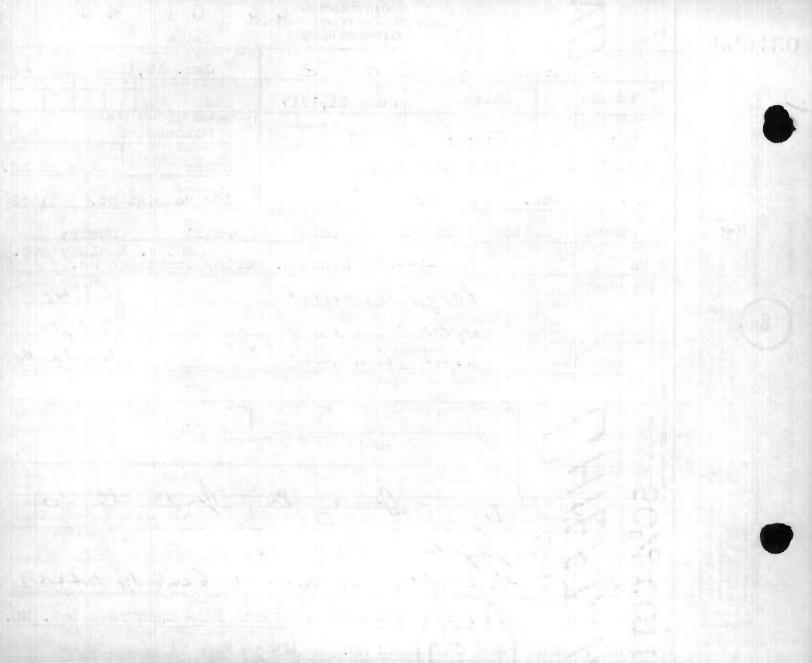
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

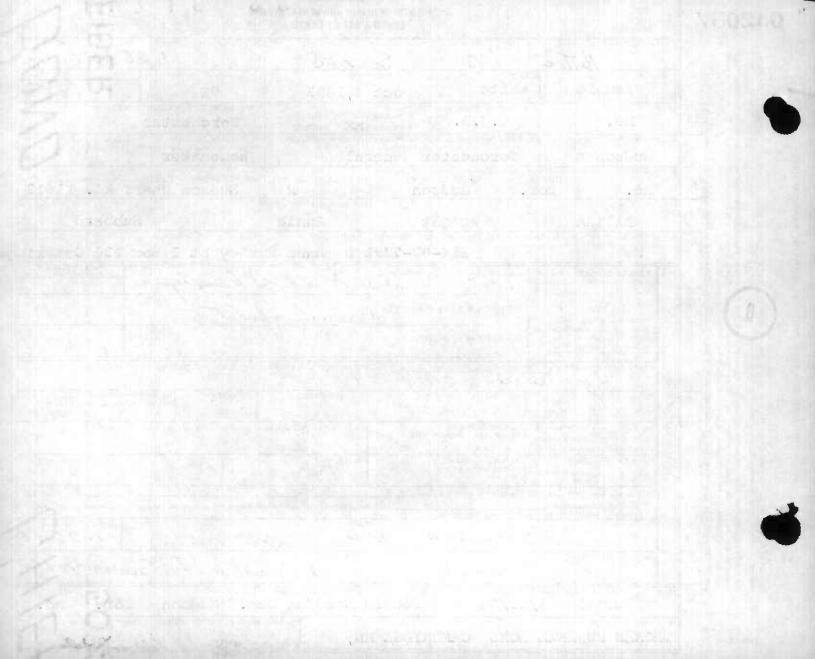
FOR



031.083	1	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 ! 9	40
poge 3	(TYP		LLE H.	SCHULTZ	Jan. 19,1	1986 6:50 PM
Viscotter, p	3. SE	female	white	July 31, 1917	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. P. deoth.	1	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWEN DIVORCED	Dorcheste	er MD.
201 is ofter by the fi filed with		Cambridge	Dorcheste:		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY Stae of Md.
AND 21: in 24 hou filled in hould be		AL RESIDENCE (IF NURSING HOME OR STATE Md. 13b. COUN DOI	OTHER INSTITUTION GIVE RESIDENCY 131. CITY O Cam	DE LUG ES HOL	13. STREET ADDRESS 504 Rabbins	s St. 21613
marying ompletely red 2 s				rley Iola	Pearl	Hurley
BALTIMORE ote be executed in the spers. Pogés od.	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-16-7648 Jesse W.	403 . Hurley Cambrid	
so that the offending phyplease remove corbon pourol, cremotion, or remove, or other troumotic even	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON (b) Soft	isequence of	MINAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH Me ha has 3 deys Sovere/ worths VEN IN PART 110
AL RECOR	CERTIFICATION	190 DATE OF OPERATION		which operation was performed	YES NO PO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? IS NO
DIVISION OF VITA OR ATTENDING PHYSICIAN: he hospitol or offending physis he hospitol or offending physis he hospitol or offending physis oched for use as the buriol-tran Dept. of Health and Mental Hy, If them 21 is marked or them 18 s	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE 22e.1 certify thost	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	H DAY YEAR 19 211. LOCATION STREET from 19 19 10 10 DEGREE	CITY OR TOWN CITY OR TOWN death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE
TO HOSPITAL retoined by the TO FUNERAL should be detained by the Store IMPORTANT.	23a.	Edmand J. BURIAL CREMATION, REMOVAL SPECKYL		Ulin 10 Aurore	23d LOCATION	le Ad 2/6/3
BP DHMH - 16 50M 4/82 (VRA 15, 4)		DUTIAL UNERAL DIRECTOR THOMAS FUNERA	1/22/85 L IHOME CAME		TE REC'D. BY REGISTRAR 256. REGIST	



042087	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL TYG ICATE OF DEATH	IEME U	o.		
oy be oge 3 deoth		CEASED NAME FI	RST	MIDDLE	Sa	ist	2a. DATE OF DEATH	MONTH DAY	YEAR 86	26 HOUR 10.30 PM
A O O O	3. SE	70 11	4. RACE	7.	5. DATE O	F RIPTH	6. AGE TIN YEARS LAST BIR	/	ER I YEAR	IF UNDER 24 HRS
ge 4 m	J. 5L	female	white	е		4,1893 YEAR	92	YRS.		HOURS MIN.
merel din	TO BIRTHPLACE (STATE OR FOREIGN COUNTY Md.			76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		ATH	MD.
o) the fulled with elucidate of the fulled with the full the			(IF NOT IN SI	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET Chester	G HOME OR OTHER INSTITUTION ADDRESS) General		126. USUAL OCCUPAT (TYPE OF WORK FOR MOST O homemak	F WORKING LIFE) INE	KIND OF DUSTRY	BUSINESS OR
filled in pauld be f	USU 13a	AL RESIDENCE (IF NURSING ISTATE 136	COUNTY Dor.	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hudson		13d INSIDE CITY LIMITS? YES NO 🎇	13e.STREET ADDRESS Hudson	ZIP CODE Wharf	Rd.	21613
MARYL, ompletely Call of Samme	14. F)	William	WIDDLE	Wright		15. MOTHER'S MAIDEN NAM	MIDDLE	Hub	bard	1
Andrea Andrea		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-07		17 INFORMANT L D Anna H	urley Rt		36 (Cambrid
N ST., BAI months and a second		18. CAUSE OF DEATH (E PART I. DEATH WAS IM/	CAUSED BY. MEDIATE CAUSE (0)	er line for (a), (b), one	C	V A with &) Lewyl	ipia -	APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
uses that it death	z	Conditions, if ony, wh gove rise to immedi couse 10), stoting underlying couse In PART 2. OTHER SIGNIFIC	oich of the ost. CANYCONDITIONS (C)	OR AS A CONSEQUE	NCE OF	oresial /mg	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	
N. RECORD	CERTIFICATION	190 DATE OF GERATION	NOUNO	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING	E FINDIN CAUSES (GS USED OF DEATH?
A OF VIII.		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR	PART 2)	
MVISION offerchin the this is the be-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn co	YIMUY	STATE
TTENDING PART OF TOR A Service and Health		22a I certify that (I) (the sow the deceased a above, (I) (we) (did)		19	, on	d that in (my) (our) opinion d	, to death occurred on the d	ote and hour and f		hot (I) (we) lost ouses stoted
Trial to the horizontal described described described to the trial		22b. SIGNATURE		uman	m	PHYSICIAN	MEDICAL STA		C DATES	26-86
on HOSE from House by Whould be with the 5		224. PHYSICIAN'S NAME	Tan	man		17 Fra	ullin Si	· Cam	bug	Le MD
BP		SURIAL, CREMATION, REM	1/29/8			METERY OR CREMATORY d Spedden Co				Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR HOMAS FUNE	RAL HOME	CAMBRI	DGE 1		REC'D. BY REGISTRAR	25b. REGISTRAR'S		



	TYPE OR PRINT)	AME FIRST		MIDDLE 3:	\$ 7	TANLE Y		26. DATE KNOW	1.	TH DAY Y
3. S	MALE	A RACE BLACK	S. DATE OF BIRTH	YEAR 6. AC	E (IN YEARS IF UN T BIRTHDAY) MONT	NDER 1 YR. IF U	INDER 24 HRS.	DEATH MATI	won.	19 TH DAY
35 %	BIRTHPLACE FOREIGN COUNT MARY	RY)	76. CITIZEN OF WH			RIED NEVER	MARRIED [9. BALTIMORE OF	CITY OR COI	
0	CAMA	OR I OGE	720 61	COLN	TERRAC			WAL OCCUPATIO		ORK 12b. KIND COR INC
	STATE MS	CE (IF IN NURSING HOME C 13b. COUN DOR		13c. CITY OR TO		13d. INSIDE CITY H		REET ADDRESS	IN TE	RENCE
9/	FATHER'S NA		MIDDLE	STA N	EY	15. MOTHER'S FIRST ANNA	MAIDEN NAM	MIDDLE MIDDLE	н	TRAV
160	WAS DECEA (YES, NO. OR UN YES	KNOWN) (IF YES, GIVE	WAR OR DATES)	1029728	370	ANA E	STANLE	TY 701		STREET CAND. A
		IDEATH WAS CAUSEI IMMEDIA	TE CAUSE (a)	AS A CONSEQU						Itos
	gave	itians, if any, which rise to immediate (a) stating the <u>under-</u> cause last.	(b) ACU	AS A CONSEQU		ALCOHOL	SM			YEA
	gave cause lying PART 2 01H	rise to immediate (a) stating the <u>under-</u>	(b) Acu DUE TO, OR	AS A CONSEQU	ENCE OF					YEA
CATION	gave cause lying PART 2 01H	rise to immediate (a) stating the <u>under-</u> cause last.	(b) ACCOUNT (C) DUE TO, OR (C)	AS A CONSEQU	ENCE OF	E DR CONDITION GIV	N IN PART 1 (g).			20. AUTC
STATISTICAL ON THE STATISTICS OF THE STATISTICS	gave cause lying PART 2 01H 19a. DATE 21a EXTE	rise to immediate (a) stating the <u>under-</u> cause last. R SIGNIFICANT CONDITIONS	(b) ACCOUNT (C) DUE TO, OR (C) CONTRIBUTING TO DEATH 19b. CONDIT	AS A CONSEQUE BUT NOT RELATED TO TION FOR WHICE FINJURY L. MONTH DAY	THE TERMINAL DISEAS H OPERATION W	SE DR CONDITION GIV	N IN PART I (c).	NATURE OF MJURY IN 1	ITEM 18 PART 1 O	20. AUTO
MEDICAL CERTIFICATION	gave couse lying PART 2 01H 19a. DATE 21a EXTEL UNDERLY CONTRIB 21d INIUE	rise to immediate (a) stating the under- cause last. R SIGNIFICANT (DNDITIDNS) OF OPERATION RNAL CAUSE WAS ING OR	(b) ACCOUNT (CONTRIBUTING TO DEATH (CONTRIBUTING TO DEATH (CONDIT (CON	AS A CONSEQUE BUT NOT RELATED TO TION FOR WHICE FINJURY L. MONTH DAY	THE TERMINAL DISEASE H OPERATION W YEAR 19 19 19 10 ME, 211. LÖ	SE DR CONDITION GIV	N IN PART I (c).	NATURE OF INJURY IN I	ITEM 18 PART 1 O	20. AUTC
STATISTICAL ON THE STATISTICS OF THE STATISTICS	PART 2 01H 19a. DATE 21a EXTEI UNDERLY CONTRIB 21d INJU WHILE AT WORN 22a. I a death re	rise to immediate (a) stating the under- cause last. R SIGNIFICANT (DNDITIONS) OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE OF INT ING OR INT WHILE CAUSE RESIDENT OR R	(b) ACC DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE C STREET, FACT	BUT HOT RELATED TO TION FOR WHIC FINJURY L. MONTH DAY L. OF INJURY (AT) IORY, FARM, ETC.	THE TERMINAL DISEAS H OPERATION W YEAR 19 19 100ME, 21f. LÖ d an Autap Suicide	OW INJURY OC OCATION SIREET Hamicide TITLE (SPEC	PECTION DATE I (a). CURRED (ENTER DECTION DE	Inquiry , termined manner	and in my	20. AUTC YES OR PART 2) COUNTY y apinian TE GNED

\$0-108-370

JAN 6 1886 July Marker Marches

DORCHESHET C

STATE OF MARYLAND DE

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			(A)
PARTMENT	OF HEALTH	AND MENT	ALHYGIENE
	0	. MILE	
CEI	RTIFICAT	E OF DEAT	H

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o		
		CEASED NAME OR PRINT)	FIRST 1+ (voodrow)	TO 6	AST d	20 DATE OF DEATH	MONTH DI	-86	75 HOUR
	3. SEX	Male		4 RACE Whit		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)	70. BIRTHPLACE ISTATE OR FOREIGN 7b. CITI Maryland				VHAT COUNTRY?	MARRIE WIDOWE	D WNEVER MARRIED DIVORCED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH Dorchester Co.) . MD.
2		TY OR TOWN OF DEATH		Dorche	OSPITAL, NURSIN FACUITY, GIVE STREET A STEP GE	GHOME C ADDRESS) PNETS	or other institution al Hospital	(TYPE OF WORK FOR MOST O			esman
2	13a. S	AL RESIDÊNCE (IF NURSINI TATE 1.	3b. COUN DO 1	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Wingat	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		21675
1	14. FA	THER'S NAME Howard	wâ	llson	Todd		is mother's maiden name tula	MIDDLE		Hughe	J S
1		VAS DECEASED EVER IN VES., NO OR UNKNOWN)		MED FORCES?	220-05-		Mrs. Maysi	e M. Todd		n # 13	
			S CAUSEE MMEDIATI	DUE TO, OR		ARI	DIAC AR	nest		2-	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	diote	DUE TO, OR	as a conseque	NCE OF	A S 14		37-40	Sov.	we 42s
3	NOI	PART 2. OTHER SIGNI	FICANT C	ONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVE	N IN PART 1	
9	CERTIFICATION	19a DATE OF OPERATION	NC	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN	
2		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAR (IF EITHER NOTIFY MEDICA	USE OF DE AT	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT OR PART 2)	
	MEDICAL	21d INJURY OCCURRE WHILE DOT WHILE AT WORK		21e. PLACE C	OF INJURY SET FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TOWN COUNTY			STATE
		22a.1 certify that (1) (t sow the deceased above, (1) (we) (dia	alive on_		19		, 19	, to death occurred on the do			that (I) (we) lost couses stated
		226. SIGNATURE	100	nie			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		220 DATE	SIGNED
		224. PHYSICIAN'S NAM	AE (TYPE OR	PRINT)	8511F4313		22e ADDRESS				The sales and

TO FUNERAL DIRECTOR. BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

DHMH - 16 60M 7/84

MPORTANT: If Item 2 should be detached with the State Dept.

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 1/7/86

74 FUNERAL DIRECTOR
Thomas Funeral Home

· S. SHAREFF., M.n 23c NAME OF CEMETERY OR CREMATORY

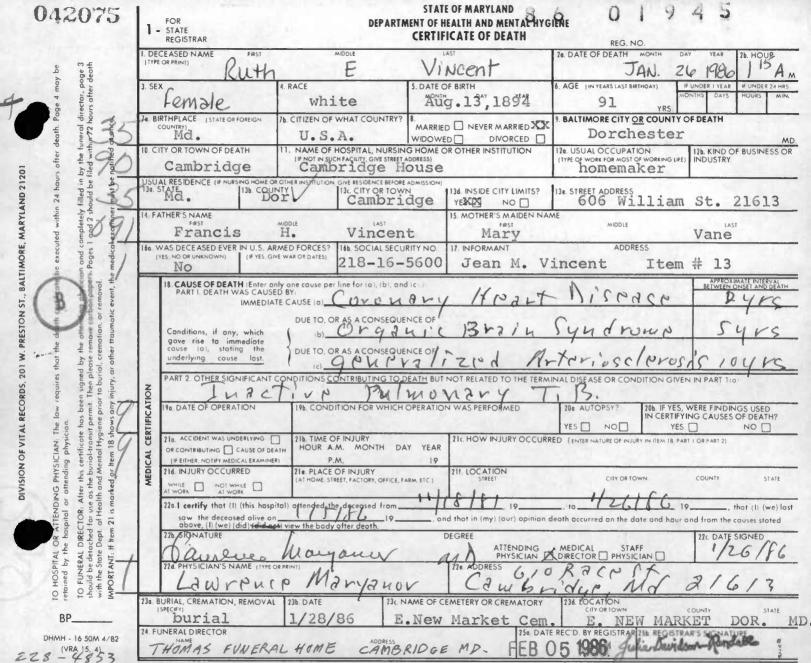
Locust St. Md.

700

Dor. Md.

23d LOCATION
CITY OR TOWN
Woolford Trinity Church 250. DATE REC'D. BY REGISTRAR 258 REGISTRAR SSIGNAR

in the contract of the contrac Bearing and the team. Should consport to a constant with the property of



buriat 1/28/86 E.New

BUTTER OF LESSANGINGS THOUSAND AND THE CONTRACT

THE STATE OF THE S

2.1125	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
024124	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE LAST	REG. NO.
e w÷		OR PRINT)	MIDDLE (AST	20. DATE OF DEATH MONTH DAY YEAR 28. HOUR
poge r dea	2.65	William	Wanweight	1/18/86 5 pm
or, p	3. SE:	10 1	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge oge ours	1 0	Male	Dlack July 4/9	19 66 YRS.
7 P P P P P P P P P P P P P P P P P P P		RTHPLACE (STATE OR FOREIGN 76	ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIE	BALTIMORE CITY OR COUNTY OF DEATH
deo de la	10.6	TY OR TOWN OF DEATH	4. J. WIDOWED □ DIVORCE	
The off	10.0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO	126. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Tille by	6	ambridge	Dorchesle- ber Home	01/4/ 14bore-
0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13a. S	TATE 136 COUNT	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. STOY OR TOWN, 13d. INSIDE CITYLIM	
A THE PERSON		Md. Dorch	Ter Cambridge YES I NO [1707 Greenwood Ave / 2/6/3
WHAT THE PARTY OF	14 F#	THER'S NAME	E LAST 15. MOTHER'S MAID	EN NAME MIDDLE
1 15/1/	h	Jilliam .		se Jones
B 1 1 1 1		VAS DECEASED EVER IN U.S. ARME		ADDRESS RIT./2
TIM S. Po			212-14-4076 Mucy 794	Mor 7095 ForesT Ave Phila (4/9/38
BAL cote cote oper wol.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	e cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		IMMEDIATE		hve luy bis
TON andin corb			DUE TO, OR AS ACONSEQUENCE OF	
dea dea offer offer offer offer rount		Conditions, if ony, which	16) Aluxe Kero true	y interen
the the removement		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	0 00 : 1100
thot d by ease ol, c		underlying couse lost	10 bise brouse l	6 C- Jone & Coppe
S, 20	7	PART 2. OTHER SIGNIFICANT CO	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO TH	ETERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ORD requestrated single	CERTIFICATION			
RECO low r low r l	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	RTI			YES NO YES NO
DIVISION OF VITAL NG PHYSICIAN: The otherding physicion fifer this certificate h as the buriol-transit th and Mental Hygier th and Mental Hygier orked or Item 18 Tax	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON OF IYSICIA ding pl ding pl ding pl buriol-t Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
PHYSK ending this ce burid Admind Amen	WED	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
NG Offer of the orke		AT WORK NOT WHILE AT WORK		
ENDIN hol or DR: Af		22a.t certify that (!) (this haspital	1111	, to, that (I) (we) lost
R ATTE hospite hospite hed for hed for spi. of hem 21		sow the deceased alive an above, (1) (we) (did) (did not) s	w the body after death.	pinion death accurred on the date and hour and from the causes stated
ALOR the hor at DIRE		276. SIGNATURE	DEGREE	22c. DATE SIGNED
	9.4	Unne		ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN 1/18/86
HOSPITAL bined by the FUNERAL by the FUNERAL by the Store by the Store by CORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PI	14.	12-12 = 22-12-11-11/16
TO HOSPIT. TO FUNER, TO FUNER, with the Sto		VINODRAI.	1EHTA 400 A	URONA ST. CAMBRIDGE MO2165
5 5 1 0 > 3	23a B	URIAL, CREMATION, REMOVAL	b. DATE 23c. NAME OF CEMETERY OR CREMA	TORY 23d LOCATION
BP		Burial	1/25/86 BeThe/Cent	
DHMH - 16 50M 4/B2	24. FU	NERAL DIRECTOR	ADDRESS (1 And 1 2:	So. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE
(VRA 15, 4)	2/6	wantfuneriff	me Dalisbury I'de	JAN 62 1986 Juna Davidson Pandall

42059	1-	FOR STATE REGISTRAR	DE	EPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH REG. NO.
12089		CEASED NAME FIRST SAN	e Alma	Woolford 20. Date of DEATH MONTH DAY YEAR 28. HOUR
ctor, pag	3. SE		4. RACE White	5. DATE OF BIRTH Jan. 6, AGE (IN YEARS LAST BIRTHDAY) Jan. 6, 1899 87 YRS.
eath. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	TAU.
by the fur iled with		Cambridge	Cambrio	NURSING HOME OR OTHER INSTITUTION It's treet appress 126 USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY HOME OF HOUSE INDUSTRY HOME ACE HOUSE HOME OF
filled in House		AL RESIDENCE (IF NURSING HOME OF STATE 136 COURSET AND DO	and the same of th	CE BEFORE ADMISSION) DR TOWN Abridge YES NO X Rt 1 Box 20 B 2/6/3
B 50	14 F/	Nehemiah	Mheatl	*
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	UE MAIN COR DATECT	ALSECURITY NO. 17 INFORMANT ADDRESS 4-32-0178 David Wheatlet, Sr. Item # 13
juires that the death certificate signed by the attending physici pen please remove carbonpaper a burial, cremation, or remaval. jury, or other traumatic event, the	z	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	Cossible acute "MI
The law recicion. It has been use the been use the been use the been state of the been shows any in	CERTIFICATION	190 DATE OF OPERATION	0	WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
rySiCIAN: T ding physici is certificate burial-transi Mental Hygi or frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR 19
then the ond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	
TAL OR ATTENDING y the hospital or o tal DIRECTOR: Afte detached for use os tote Dept, of Health til if hem 21 is mork		22b. SIGNATURE	ot) view the body ofter death	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by th TO FUNERAL should be deter with the State WAPORTANT.		224. PHYSICIAN'S NAME (TYPE	Tanman	22e. ADDRESS
BP	23a	BURIAL, CREMATION, REMOVAL Burial	1/31/86	Richardson Fam. Cem Lloyds, Dor. Md.
OHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ERAL HOME AC	DDRESS CAMBRIDGE MD. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

and to registery house Vorsible and me Generality Helengradon "me General constitues THE SHEET FRANCE CONTRACTOR SERVICES